

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17	1						67			
18	1						68			
19							69			
20							70			
21							71	1		
22							72			
23							73			
24							74			
25							75			
26	1						76			
27							77			
28							78			
29	1						79			
30	1						80			
31		1					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39	1		1				89			
40		1		1			90			
41		1		1			91			
42		1		1			92			
43		1		1			93			
44		1		1			94			
45		1		1			95			
46		1		1			96			
47	1		1				97			
48		1		1			98			
49		1		1			99			
50		1		1			100			
TOTAL IND.							TOTAL IND.	20	9	
TOTAL DEP.							TOTAL DEP.	52	33	
TOTAL CLAIMS							TOTAL CLAIMS	72	41	